

2700 INTERNAL TRANSFER REQUEST FOR S.N.

(For use within the in-house only area)

9/986, 043

DATE: 12-5	FROM: [Signature] (print name)
FORWARD TO: A. Art Unit: 261 B. Class: 370 C. Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input checked="" type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input checked="" type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input checked="" type="checkbox"/> (check box) </div>
FURTHER EXPLANATION IF NEEDED:	

IP- Packet Encapsulation

DATE:	FROM: [Signature] (print name)
FORWARD TO: A. Art Unit: B. Class: C. Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div>
FURTHER EXPLANATION IF NEEDED:	

DATE:	FROM: [Signature] (print name)
FORWARD TO CLASSIFIER [Redacted]	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div>
FURTHER EXPLANATION IF NEEDED:	

DISPOSITION BY 2700 CLASSIFICATION	
DATE:	CLASSIFIER:
FORWARD TO: A. Art Unit: B. Class: C. Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <input type="checkbox"/> (check box) </div>
FURTHER EXPLANATION IF NEEDED:	